

**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**Applicant(s): **YOUNG-JUN YOON**

Docket No.

**POU920030135US1**

Serial No.

**10/672,096**

Filing Date

**September 26, 2003**

Examiner

**N/A**

Group Art Unit

**N/A**Invention: **METHOD AND COMPUTER PROGRAM PRODUCT FOR PROVIDING A META-DATA  
PROGRAMMING LANGUAGE LEVEL INTERFACE****RECEIVED  
CENTRAL FAX CENTER****APR 20 2004****OFFICIAL**I hereby certify that this Amendment Transmittal, Preliminary Amendment

(Identify type of correspondence)

is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9306)on April 16, 2004

(Date)

Jane M. Theberge

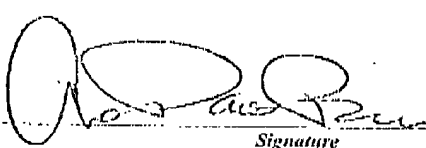
(Typed or Printed Name of Person Signing Certificate)

Jane M. Theberge

(Signature)

Note: Each paper must have its own certificate of mailing.

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>POU920030135US1</b>				
Applicant(s): <b>YOUNG-JUN YOON</b>								
Serial No. <b>10/672,096</b>	Filing Date <b>09/26/2003</b>	Examiner <b>N/A</b>	Group Art Unit <b>N/A</b>					
Invention: <b>METHOD AND COMPUTER PROGRAM PRODUCT FOR PROVIDING A META-DATA PROGRAMMING LANGUAGE LEVEL INTERFACE</b>								
<u>TO THE COMMISSIONER FOR PATENTS:</u>								
Transmitted herewith is an amendment in the above-identified application.								
The fee has been calculated and is transmitted as shown below.								
<b>CLAIMS AS AMENDED</b>								
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE			
TOTAL CLAIMS	22	21	1 x	\$18.00	\$18.00			
INDEP. CLAIMS	3	3	0 x	\$86.00	\$0.00			
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00			
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$18.00</b>			
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>09-0463</b> in the amount of <b>\$18.00</b> <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>09-0463</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.								
<b>BEST AVAILABLE COPY</b>								
 Signature			Dated: <b>April 16, 2004</b>					
Anne Davis Barry Registration No. 47,408 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 (860) 286-2929 (860) 286-0115 FAX Customer Service No 23413			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</td> </tr> <tr> <td style="height: 40px; vertical-align: bottom;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td style="height: 40px; vertical-align: bottom;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>			I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	Signature of Person Mailing Correspondence	Typed or Printed Name of Person Mailing Correspondence
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: YOUNG-JUN YOON )  
Serial No.: 10/672,096 )  
Filed: SEPTEMBER 26, 2003 )  
For: METHOD AND COMPUTER PROGRAM )  
PRODUCT FOR PROVIDING A META- )  
DATA PROGRAMMING LANGUAGE )  
LEVEL INTERFACE )

PRELIMINARY AMENDMENT

Mail Stop  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Prior to the examination of the present application, please amend the application as follows:

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